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## 研究ノート

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# The history of the home-visiting nurse for low-income patients in Japan before World War II

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## Abstract

The principal aim of the present study was to elucidate the process of establishment and activities of public health nurses that provided home-visiting services.

After the modern period, nurses have taken a role in supporting medical care services. There two principal aims of the medical care services were as follows: The first was visiting homes to provide medical care to those who had fallen into poverty and had difficulties in activities of daily living because of the need for medical care due to illness or accidents. The second was to instruct poor people about the prevention methods of infectious diseases regardless of disease contraction.

The form of visiting the homes of poor people to provide nursing care started in 1859 in Liverpool, England, when a wealthy merchant dispatched nurses to poor households. In Japan, the first attempt to create a home-visiting nursing system was in 1885 by American-born missionaries and Joseph Hardy Neesima (Nijima Jō). From the 1920s, the Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc. (Saiseikai) and the Japanese Red Cross Society (JRCS) systematically dispatched public health nurses.

Here, we report the activities of public health nurses affiliated with Saiseikai and JRCS. First, Saiseikai had community health nurse teams installed in Tokyo from 1924. In 1937, there were 24 community health nurses who visited more than 2,000 poor homes in total each month. The role of community health nurses, who belonged to various medical institutions, was to make rounds in areas where many poor people lived and locate sick patients, give advice to families, and assist in childbirth. Second, JRCS began to educate nurses about the role nurses should play in social work and contents of nursing activities during their training period. After 1928, JRCS began the training of public health nurses.

**Key Words :** The home-visiting nurse, The public health nurse, The Saiseikai Imperial Gift Foundation, Japanese Red Cross Society, The history of nursing in Japan

## Introduction

The principal aim of the present study is to reveal the background behind the establishment and activities of a class of nurses in Japan who visited low-income patients at home during the 1920s and the 1930s.

The practice of nurses visiting the homes of low-income patients to provide nursing care started in 1859 in Liverpool, England, when a wealthy merchant dispatched nurses to poor households. One theory holds that the first attempt to create a nursing system for home visits to low-income patients in Japan was in 1885 by American-born missionaries and Joseph Hardy Neesima (Nijima Jō). However, this activity did not continue. From the 1920s on, the social welfare organisation known as the Saiseikai Imperial Gift Foundation, Inc. (Saiseikai) and the Japanese Red Cross Society (JRCS) systematically dispatched nurses who visited low-income patients at home. In 1923, St. Luke's International Hospital in Tokyo began to dispatch public health nurses for maternal and child health.

In this paper, we begin by discussing the public system for low-income patients in Japan, and then the activities of Saiseikai- and JRCS-affiliated nurses for low-income patients.

### 1. The public system for low-income patients

Both the origin and the activity of Saiseikai- and JRCS-affiliated nurses for low-income patients were inseparably connected with the public system. The *homen-iin* (方面委員) (district committee) system was set up in 1918. The *homen-iin* researched the living conditions within the boundaries of each junior high school and tried to help the poor on the basis of this information. The *homen-iin* consisted of unlicensed middle class volunteers. This system spread throughout the country after 1928 and continued until 1944.

Hanako Iwamoto tried to discuss the relationship among the *homen-iin* (district committee), the local inhabitants, and the treatment policy adopted by the *homen-iin*. By studying the annual reports of the *homen-iin* in Osaka Prefecture from 1919 to 1926, she examined how the *homen-iin* would provide assistance to inhabitants with medical problems. According to this paper, the *homen-iin* was mainly consulted on medical or economic issues. The *homen-iin* gave information to low-income patients on hospitalisation and on low-cost cures (Iwamoto, 2009, pp.122-134).

The *Poor Relief Act* was adopted in 1929. This law applied to those who were below a minimum standard of living, to those over age 65, to children under age 13, to pregnant women, and to some disabled persons, so they could exercise their legal rights. This law provided for livelihood, medical maternity aid, and job introductions for these groups. By passing this law, the *homen-iin* conducted

intensive home studies of low-income patients and tried to provide the level of support that their patients needed to live in comfort.

## 2. The activities of community health nurses affiliated with Saiseikai

### i The foundation

Saiseikai was established in 1911 with the help of seed money from Emperor Meiji. It was the institution for helping the poor and needy (Saiseikai Osaka Nakatsu Hospital, 1941, p.379). To receive medical treatment, the patients needed to get a 'cure ticket' from the *homen-iin* or the local police. After that, they could get medical care for free or for a small sum of money. Funding for Saiseikai came from the imperial family, donations by the rich, and subsidies (Saiseikai Nakatsu Hospital, 1941, p.384).

Sanjiro Kimoto, one of the divisional chiefs of Saiseikai, submitted the paper to the magazine 'hakuai (博愛)', which was produced by JRCS. He regarded the roles of these nurses as those of doctor's assistant; patient-care provider; disease-prevention teacher; and care-giver for pregnant women, children, the elderly, and disabled persons. He emphasised the importance of the nurses' role in potentially decreasing patient suffering.

### ii The system of the community nurse

Saiseikai installed community health nurse teams in Tokyo in 1924. This establishment was strongly connected with the 1923 Great Kantō earthquake. The community health nurses belonged to clinics of Saiseikai in Tokyo City. They made the rounds in the poor area and took care of the locals. The role of Saiseikai community health nurses was to bring patients to the hospital, find sick patients, give advice to families, and assist in childbirth (Saiseikai, 1937).

According to statistics from Tokyo clinics between 1924 and 1934 (Table 1), the community health nurse affiliated with Saiseikai provided treatment, midwifery, protection, visiting home, and admission and introduction to the clinic. The highest number of cases fell into the categories of home visits, internal medicine treatments, sanitary advice, and child protection.

In 1932, the community nurse team visited 4,227 houses in Fukagawa Nishimachi, 3,618 houses in Asakusa, 3,055 houses in Honjyo, and 2,602 houses in Shitaya (Saiseikai (a), 1935, p.85). Each month in 1937, 24 community health nurses affiliated with Saiseikai visited more than 2,000 poor homes (Saiseikai, 1937, p.108).

Table 1: The number of community health nursing cases from 1924 to 1934 in Tokyo

large category	small category	number of cases
treatment	internal medicine	98,061
	surgery	16,423
	ophthalmic clinic	13,067
midwifery	pregnant female cure	6,885
	practice midwifery	2,613
	puerperium care	7,389
protection	child protection	23,974
	clean patients	568
	disposal a dead body	371
visiting	sanitary advise	27,079
	background check	10,371
	home visiting	133,297
admission and introduction	the preparation of the documents form	13,763
	hospital	2,725
	cure	10,021
	shelter	448
	district committee (homen-iin)	4,108
	police	1,057

Date:Saiseikai(b) (1935). *Tokyo Statistics of Medical Care* (東京市内診療統計). Saiseikai, p.63.

### iii The personal experience

We will next discuss the content of community nurses' jobs with reference to newspaper articles and their private papers.

Yomiuri Shinbun wrote about a community health nurse, Ms. Akiko Naganuma, affiliated with Saiseikai (The Nightingale, 1929). This article described her daily routine. In the morning, she took care of more than 150 ambulant patients and in the afternoon visited each poor family at Koto-Ku in Tokyo. She lectured some patients on how to receive free medical care and also tried to assist them in giving birth. She worked hard and laid her life on the line for the poor. Finally, she complained that there was no full-time doctor in this area. She pushed for the following improvement:

*I hope Saiseikai creates a budget for full-time doctor salaries. If patients who suffer from endemic trachoma can wash their eyes easily, their symptoms greatly improve. I also strongly hope to take better care of tuberculosis patients.*

This example demonstrates the shortage of doctors to take care of low-income patients and the

inadequate service for home patients.

Yone Iwahashi was a community health nurse who worked at Saiseikai for one year (Yone Iwahashi, 1931, pp.20-21). She worked at the clinic in the morning and visited patients' homes in the afternoon. She suffered sadness over the misery of their lives. More than a few of her patients were affected by severe tuberculosis and many had no family or friends. They eagerly awaited the community nurse's visits to improve their conditions. Therefore, she thought home visits were urgent and critical. However, her busy daily schedule prevented her from caring for patients fully. She felt chagrined at her working conditions. This example shows her crushing workload and her distress when she cared for low-income patients.

### 3. The activities of the social nurse of JRCS

#### i The foundation and the system of the social nurse

From around the 1920s, not only Saiseikai, but also JRCS, began to educate selected nurses in caring for low-income patients.

At first, we will explain why JRCS started to train the social nurse. Just after the First World War, the International Red Cross began to advance the concept of peace relief. Peace relief meant the various kinds of activities for health promotion and the prevention of diseases. In a related move, the first meeting of the International Federation of the Red Cross passed a resolution on the training of the public health nurse.

Masayo Tabuchi, the director of nursing of the Okayama branch of JRCS, joined the first training session in London. After 1928, JRCS began the training of public health nurses. In JRCS, the public health nurse was called the social nurse and the school nurse. The role of the social nurse in JRCS was to visit low-income patients and take care of them. The social nurse provided medical therapy based on the information the *homen-iin* gathered (Osaka Red Cross Hospital, 2000, p.294). More than a few low-income poor persons were not able to enter the hospital quickly because of the shortage of beds. Therefore, the social nurse visited to care for severely sick low-income persons who needed to be hospitalized. The social nurse also advised patients on life after discharge or often consulted about their personal affairs (Japanese Red Cross Society, 1943, p.22).

We will discuss how the structure of the social nurse was established by giving the example of the Osaka branch.

In 1919, the Osaka Branch started to train nurses who promoted better hygiene within the hospital. The reason for this training was that tuberculosis control was strongly needed. These nurses visited an

area with few healthcare providers, taught the family preventive measures against diseases, recommended gargling and hand washing, and lectured on how to care for the patients (Osaka Red Cross Hospital, 2000, p.284).

In 1921, the Osaka Branch deepened its exchange with the *homen-iin* and discussed the way to cure and care for low-income patients. The social nurse in the Osaka Branch then visited some families to cure them and care for them. At the same time, the Osaka Branch began to train the special nurse in childcare and maternity (Osaka Red Cross Hospital, 2000, p.284).

From 1926, JRCS started to promote a lecture class in sanitation improvement and recommended that the Branch adopt it. In Osaka, the social nurses joined the teacher in this class (Osaka Red Cross Hospital, 2000, p.284). They gave guidance about hand washing, gargling, and first aid (Osaka Red Cross Hospital, 2000, p.285).

In 1931, JRCS trained 19 public health nurses. They worked at Saiseikai, the Tokyo branch, the Osaka branch, the Fukuoka branch, the Hiroshima branch, and some junior high schools after their graduation.

From 1933 on, the social nurse of the Osaka Branch started to visit tuberculosis patients (Osaka Red Cross Hospital, 2000, p.286).

In 1934, the number of the people who were 20 to 30 years old was most (Table 2).

Table 2: The age of patients (1934)

Age	number	%
0 ~ 5	687	12.8
6 ~ 9	343	6.4
10 ~ 19	806	15.1
20 ~ 29	992	18.5
30 ~ 39	896	16.7
40 ~ 49	708	13.2
50 ~ 59	542	10.1
60 ~	381	7.1
total	5355	100.0

Date: Osaka Red Cross Hospital (2009). *Hundred Years of History of Osaka Red Cross Hospital* (大阪赤十字病院百年史) Osaka Red Cross Hospital. p.295.

The presenting symptoms of the social nurse's patient are below:

Table 3: The presenting symptom of the social nurse's patient (1934)

category of disease	number
respiratory	2,056
communicable	1,311
vegetative organ	985
systemic illness	434
nervous disease	305
ophthalmopathy	291
circulatory organ	242
maternity	225
ear	173
urinary organ	149
virus coat	132
injury	103
motor organ	93
venereal	46
other	40

Date: Osaka Red Cross Hospital (2009). *Hundred Years of History of Osaka Red Cross Hospital* (大阪赤十字病院百年史). Osaka Red Cross Hospital, p.294.

This trend indicated that several patients suffered from tuberculosis.

## ii The personal experience

In the next section, we will discuss the jobs of two social nurses in JRCS with reference to a life-story article in the JRCS magazine.

Oshie Taniguchi was a social nurse at the Hiroshima Branch of JRCS. Ms. Taniguchi came to work at 9am, got the mail and the nursing application form, and then made a round of visits to her patients. In her article, she introduced four low-income patients. All of them were affected by severe tuberculosis, which disturbed their daily lives (Table 4).

Table 4: The patient of Oshie Taniguchi

No.	name	year	symptoms	family structure	work experience	current living condition
1	Ms. T	21	lung tuberculosis	single	post-office worker for 5 months	under treatment in her home
2	Mr. M	33	lung tuberculosis	2 children	unknown	the single parentfood
3	Mr. F	17	tuberculosis	unknown	regularly cure in the Saiseikai clinic but now keep to his bed because develop trouble walking	
4	Mr. S	20	lung tuberculosis	single	work as a watch maker for 5 years but was fired because of his disease. Now move from one cheap rooming house to the next.	

Date: Oshie Taniguchi (1930). *The deprived family* (恵まれない家庭) *Doho* (同方) 3 (4). 20-22.

Ms. Taniguchi diagnosed a patient, Ms. T, as superstitious. Ms. T had little appetite, had a bad cold, and persistent diarrhoea. Therefore, Ms. Taniguchi tried to free Ms. T's mind from superstition and urged her to inhale a drug for her throat and gargle frequently. Ms. T followed Ms. Taniguchi's advice. However, she was repeatedly taken in by someone's sales talk and continued to buy the fake drug. Ms. T got depressed when she noticed that she completely fell for it. Ms. Taniguchi advised Ms. T how to freshen her breath and conducted hydro-psychotherapy. However, Ms. T repeated to Ms. Taniguchi that she was not feeling well every day. Ms. Taniguchi was accused of not doing more and was overcome by a sense of the utter futility of everything.

Mieko Higaki graduated from the nursing school of JRCS and worked in the police section of Kanagawa Prefecture as a social nurse (Mieko Higaki, 1933, 10-13). She recorded the details of her visits to her tuberculosis patients, whom she had been visiting at home since 1931. She visited the houses of patients who had applied to the Yokohama tuberculosis sanatorium base under the Tuberculosis Prevention Law, were waiting for hospitalisation there, and were introduced by the homeniin. She often visited the 'card class' (カード階級), those low-income persons who had applied under the Poor Relief Act in 1929. She visited low-income patients by getting the following information:

Table 5: The number of the reference of Mieko Higaki's visiting patient (1932)

Gender	The health advisory office	The police	Yokohama T.B. sanatorium	Homen-in	doctor	find herself	other
male	46	35	148	73	1	4	3
female	46	19	56	24	1	2	3
total	92	54	204	97	2	6	6

Date: Mieko Higaki (1933). *The visiting care for the tuberculosis patient* (結核患者巡回看護). *Hakuai* (博愛) No.551, p.13.

The number of Yokohama tuberculosis sanatorium was the most as above. At that time, the Yokohama tuberculosis sanatorium had 160 inmates and 100 applicants, who faced at least a three-month waiting list. Therefore, someone needed to take care of the tuberculosis patients among the low-income people on that waiting list. The social nurse was not only the caretaker of the low-income patients but also the 'bridge-person' between the home and the sanatorium.

We will also discuss the request to increase the number of social nurses in Kanagawa Prefecture and the satisfaction of that request. From 1932 on, the Japanese Broadcasting Corporation donated one month's radio collection fee to prevent tuberculosis and Kanagawa Prefecture used some of it. As a result, it increased the social nurse's personnel by three. The social nurse's group encouraged Kanagawa Prefecture to use the money for 32 poor tuberculosis patients. As a result, all of them entered the Yokohama tuberculosis sanatorium. Ms. Higaki visited their homes intensively before they were



hospitalised and gave them lectures on sanitation.

Finally, what was Ms. Higaki's fundamental request? Ms. Higaki seriously worried about how she should teach the newly appointed social nurse. She needed a mentor and wanted to feel at ease. She also was keenly aware of her responsibility as the social nurse and needed more study for her low-income patients. Thus, Ms. Higaki requested JRCS to put on a workshop once or twice a year for the social nurse.

#### 4. Conclusion

At first, we will discuss the connection between the *homen-iin* and the home-visiting nurse for low-income persons. In the 1920s, public health was the hot topic in the medical community. Consequently, where to play a key role in public health and who should play that role were recognised as major problems in the medical world. Curing and caring for low-income patients were among the most important problems to be solved in promoting public health. In Japan, the *homen-iin* had acquired a lot of information about the low-income patients since 1918 so the community health nurse of Saiseikai and the social nurse of JRCS built relationships among them. The examples in this paper revealed that the home-visiting nurse visited severely tubercular patients and often gave them medical treatment. This meant that the home-visiting nurses mainly took care of the seriously ill poor patients who had no information on what they should do, and they were sometimes cured.

Secondly, we will discuss the difference and the similarity between the community health nurse of Saiseikai and the social nurse of JRCS. On the one hand, Saiseikai was the institution for low-income patients and several patients could get treatment for free. The community health nurse of Saiseikai took care of the low-income patients who mainly visited Saiseikai, as a matter of course.

On the other hand, this kind of JRCS nurse was trained for a different reason at first. Masayo Tabuchi, who joined the first public nursing training session in London in 1922, said that the scope of Japanese nursing was too narrow. She explained the western nursing system as follows:

*The western nurse worked at not only the hospital but also the home, the school, and the public health centre to prevent illness. The nurse should play a greater role in homecare. I studied visiting care a lot so I would like to use my experience in Japan.*

The social nurse, whose position fell into one of the categories of health nurse, studied intensively the 'new' knowledge in the public health care field. She was filled with a sense of responsibility for teaching the general public about the method of health promotion and the prevention of disease. The

main educational point of the social nurse was not the care of low-income patients but preventive measures against disease. JRCS considered these learning contents as 'advanced'. For the JRCS nurses, public health was the elite field. Therefore, the JRCS social nurse suffered from the gap between the ideal and reality.

At JRCS, social nurses were trained to find the patient-to-be and lecture that low-income patient on health promotion and the prevention of disease in their home. On the other hand, the important task of the community nurse of Saiseikai was to help and care for the poor patient herself who got free medical care, to find the low-income patient who needed to be hospitalised, and to recommend to go to the hospital or the clinic as soon as possible. The JRCS social nurse's training was different in purpose from that of the Saiseikai community nurse, but both chose to cure and care for the poor in the slum mainly as a result of their training. They dedicated all their strength to being at the bedside of the sick poor person who had no place to go.

In Japan, there were very few home-visiting nurses for low-income patients and they worked only in urban areas. Therefore, we have little information about these nurses and there has been little previous research, especially in Japan.

However, we need more research on the connection between the *homen-iin* and these kinds of nurses or hospitals before the Second World War.

By doing it, we will understand who discovered low-income patients and how they were discovered and directed to the public hospital in pre-1945 Japan.

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## 第 2 次世界大戦前における貧困な患者のために働く看護婦の歴史

山下 麻衣

### 要旨

本論文の目的は、1920 年代から 1930 年代に、貧困な患者のために家庭訪問し看護サービスを提供した看護婦の歴史を分析することにある。

まず、済生会では、1924 年から、巡回看護班が各家庭を回り、患者およびその家族の健康相談に乗り、医療機関を紹介した。そして同班はしばしば妊産婦の相談にも応じた。

次に、日本赤十字社は、公衆衛生事業を広めることを意味する平時事業として、1920 年代から社会看護婦の要請を始め、活動するようになった。

このように、第二次世界大戦前の日本では、看護婦が貧困者の集住地域に出向きサービスを提供する働き方をしていたケースがあった。